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				<b>.</b>
Fill in this information to ide	entify the case:			
United States Bankruptcy Cou				
Dis	trict of			
Case number (If known):	Chapter _			
				Check if this is a amended filing
Official Form 205				amondod ming
nvoluntary P	etition Against	t a Non-Ir	dividual	12/15
case against an individual, u		st an Individual (Offic	ial Form 105). Be as comp	luntary case. If you want to begin plete and accurate as possible. If tor's name and case number (if
art 1: Identify the Chap	ter of the Bankruptcy Code L	Inder Which Petitio	on Is Filed	
Chapter of the	Check one:			
Bankruptcy Code	Chapter 7			
	Chapter 11			
art 2: Identify the Debto	or			
Debtor's name				
Other names you know the debtor has used in the last 8 years			_	
Include any assumed names, trade names, or doing business as names.			_	
Debtor's federal Employer Identification Number (EIN)	☐ Unknown			
	EIN			
Debtor's address	Principal place of business		Mailing address, if	different
	Number Street		Number Street	
			P.O. Box	
	City	State ZIP Code	City	State ZIP Code
			Location of princip	oal assets, if different from business

County

Number

City

Street

State

ZIP Code

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Debtor Name		Case number (if known)					
	Name						
	<b>D</b> 1.4 (11D1)						
6.	Debtor's website (URL)						
		Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))					
7.	Type of debtor	<ul> <li>□ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))</li> <li>□ Partnership (excluding LLP)</li> </ul>					
		Other type of debtor. Specify:					
8.	Type of debtor's business	Check one:					
		☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))					
		☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))					
		☐ Railroad (as defined in 11 U.S.C. § 101(44))					
		☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))					
		☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))					
		☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))					
		None of the types of business listed.					
		☐ Unknown type of business.					
9.	To the best of your	□ No					
	knowledge, are any	☐ Yes. Debtor Relationship					
	bankruptcy cases pending by or against						
	any partner or affiliate	District Date filed Case number, if known  MM / DD / YYYY					
	of this debtor?						
		Debtor Relationship					
		District Date filed Case number, if known					
		MM / DD / YYYY					
De	art 3: Report About the	Casa					
Po	Report About the	Case					
10.	Venue	Check one:					
		Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of					
		business, or principal assets in this district longer than in any other district.					
		☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.					
	All	Fach matitions in all with a to file this matition and and ALLIC C. S. 2007(b.)					
11.	Allegations	Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).  The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).					
		At least one box must be checked:					
		☐ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.					
		Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the					
		debtor for the purpose of enforcing a lien against such property, was appointed or took possession.					
12.	Has there been a	□ No					
	transfer of any claim against the debtor by or	☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy					
	to any petitioner?	Rule 1003(a).					

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ebtor			Case number (if	known)		
Name						
3. Each petitioner's claim	Name of peti	itioner	Nature of petitio	ner's claim	Amount of the claim above the value of any lien	
					\$	
					\$	
					\$	
			Total of pe	etitioners' claims	\$	
If more space is needed to list the top of each sheet. Followin additional petitioning creditor, statement under penalty of per along with the signature of the Part 4: Request for Relief	g the format o the petitioner' jury set out in	f this form, set out the s claim, the petitioner's Part 4 of the form, folk	information required in Parts s representative, and the pet	s 3 and 4 of the form itioner's attorney. Ir	for each nclude the	
WARNING Bankruptcy fraud is				uptcy case can result	in fines up to	
\$500,000 or imprisonment for up	-			analified in this patiti	on If a	
Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.						
I have examined the information i	n this documen	nt and have a reasonable	belief that the information is to	rue and correct.		
Petitioners or Petitioners' Repr	esentative		Attorneys			
Name and mailing address of p	etitioner					
Name			Printed name			
Number Street			Firm name, if any			
City	State	ZIP Code	Number Street			
Name and mailing address of p	etitioner's rep	resentative, if any	City	State	ZIP Code	
Name			Contact phone	Email		
			Bar number			
Number Street			State			
City	State	ZIP Code	State			
I declare under penalty of perjury	that the forego	ing is true and correct.				
Executed on//			<b>x</b>			
×			Signature of attorney			
Signature of petitioner or representation	ve, including repre	esentative's title	Date signed/_MM / DD	/		

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Debtor	Name			Cas	se number (if known)		
	Name						
Name a	nd mailing address of peti	tioner					
Name				Printed name			
				Firm name, if an	v		
Number	Street			r iiii namo, ii an	,		
City		State	ZIP Code	Number Stree	t		
Name a	nd mailing address of peti	tioner's represe	ntative, if any	City		State	ZIP Code
				Contact phone		Email	
Name				Bar number _			
Number	Street			0.00			
City		State	ZIP Code	State _			
I declare	e under penalty of perjury that	at the foregoing is	s true and correct.	4.0			
Executed	on//			<b>x</b>			
	MM / DD / YYYY			Signature of atto	rney		
×							
Signature	of petitioner or representative,	including representa	ative's title	Date signed	//		
Ü		5 1					
Nama a	nd mailing address of peti	tioner					
ivallie al	nd maining address or pen	uonei					
Name				Printed name			
INAITIE							
Niverban	Otro ot			Firm name, if an	y		
Number	Street						
City		State	ZIP Code	Number Stree	t		
City		State	ZIF Code				
Name a	nd mailing address of peti	tioner's represe	ntative if any	City		State	ZIP Code
Name a	nd maining address of pen	lioner 3 represe	intative, it ally	Contact phone		Email	
Name				Contact priorie			
INAIIIE				Bar number			
Number	Street			_			
Number	Olicci			State			
City		State	ZIP Code				
I declare	e under penalty of perjury tha	at the foregoing is	s true and correct.				
F	on I I			×			
Executed	on//_DD / YYYY			Signature of atto			
40				<u> </u>	•		
<b>x</b>				Date signed			
Signature	of petitioner or representative,	including representa	ative's title	<b>3</b>	// MM / DD / YYYY		